



*Connecticut Department of Social Services*

**NEWS RELEASE**

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## **State Aiming to Improve Patient Care in Medicaid, Medicare**

*Connecticut Readies Federal Funding Application for New Form of  
Health Care Coordination for Older Adults, People with Disabilities*

HARTFORD -- Governor Dannel P. Malloy's administration is moving forward with an application for major federal funding to help Connecticut launch a new medical care model for elders and adults with disabilities covered by both Medicaid and Medicare -- a group that now consumes the highest amount of taxpayer health care dollars.

Social Services Commissioner Roderick L. Bremby today announced that the comprehensive application, developed in tandem with a host of health care stakeholders, is available for public review and comment on his agency's website ([www.ct.gov/dss](http://www.ct.gov/dss), click on Latest News).

"We are pleased to report that Connecticut is in the home stretch of submitting a monumental application to the federal government to partner on bringing real improvements in the quality of care to our most medically fragile citizens," Commissioner Bremby said.

Connecticut is applying to the U.S. Centers for Medicare and Medicaid Services (CMS) for implementation funding under the national 'Demonstration to Integrate Care for Medicare-Medicaid Enrollees.' The initiative is funded under the Affordable Care Act (national health care reform), and would bring significant federal revenue to the state.

The Medicare-Medicaid Enrollee (MME) population in Connecticut is comprised of people poor enough to qualify for Medicaid and who also have Medicare because of age or disability. These beneficiaries account for over \$2 billion of the state's Medicaid expenditures.

Connecticut MMEs have complex, co-occurring health conditions, according to data from the Department of Social Services:

- roughly 88% of individuals age 65 and older has at least one chronic disease; and 42% has three or more chronic diseases.

- 58% of younger individuals with disabilities has at least one chronic disease.
- 38% has a serious mental illness.

At the same time, MMEs use a disproportionate amount of Medicaid resources, and Connecticut is spending much more than the national average:

- the 57,569 Connecticut MMEs eligible for the demonstration program represent less than 10% of Medicaid beneficiaries in Connecticut -- *yet they account for 38% of all Medicaid expenditures.*
- per-capita spending for Connecticut's 32,583 MMEs age 65 and over and the 24,986 MMEs with disabilities under age 65 is *55% higher than the national average.*

“We need to bring new approaches to a problem that has driven up health care costs disproportionately,” Commissioner Bremby said. “Our grant application stands to bring resources to bear on this longstanding problem, and we look forward to working with our federal partners to put Connecticut in the national forefront.”

In April 2011, Governor Malloy announced that Connecticut received a \$1 million planning grant from CMS in support of implementing an innovative new means of coordinating services and supports for MMEs. These grant funds supported an extensive process that involved legislators, providers, advocates and other stakeholders in developing a model design to help meet the needs of a population that has complex health care needs and faces barriers to receiving good care.

In partnership with the Complex Care Committee of the General Assembly's Medical Assistance Program Oversight Council and the Departments of Mental Health and Addiction Services and Developmental Services, the Department of Social Services has drafted a proposal that describes plans to serve MMEs for the next three-year period.

Key features of the model design include:

- using the state's existing medical and behavioral health administrative services organizations to identify MMEs in greatest need of intensive care management and to equip providers with data that will inform them on how MMEs use services; and
- creating 3-5 new “Health Neighborhoods” – dynamic, innovative, person-centered local systems of care and support that will be rewarded for providing better value over time.

A key point of discussion for stakeholders is the proposal to share any net savings that result from better care coordination with the provider members of the Health Neighborhoods. This will result from:

- incorporating a shared savings element in the model design as a necessary incentive to providers to be mindful of economy in reducing

preventable/unnecessary care such as emergency department use and hospitalizations/re-hospitalizations – all of which are occurring at a very high rate for MMEs; and

- providers will not receive shared savings if they do not achieve identified benchmarks on performance measures related to quality of care and care experience.

The state’s demonstration presents unprecedented opportunities to improve health outcomes and care experience for individuals who have extensive needs. Following are two examples of how Health Neighborhoods can support their needs:

- An older adult with chronic obstructive pulmonary disease who lives alone and who has experienced multiple unexplained falls and associated hospitalizations within the past six months will be able to work with her Access Agency care manager and a team of providers (e.g. primary care physician, cardiologist, pharmacist, home health nurse and occupational therapist) to examine the reasons for the falls and implement interventions that will reduce or eliminate her need to go to the hospital.
- A younger individual with diabetes and bipolar disorder will be able to enlist his Local Mental Health Authority care manager and a multi-disciplinary team to work on strategies for understanding his conditions and effectively managing them.

The next step in the process is a 30-day public comment period. The state’s application is posted online at [www.ct.gov/dss](http://www.ct.gov/dss), under Latest News.

Copies of the application can also be obtained by emailing [wanda.smith@ct.gov](mailto:wanda.smith@ct.gov); or writing to the Division of Medical Administration, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106.

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